

**ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**  
**CREMATORY LICENSE APPLICATION**  
**www.arkansas.gov/fdemb**

Office Use Only

Return Address:

Board ID # \_\_\_\_\_

AR. State Board of Embalmers & Funeral Directors  
101 E. Capitol, Suite 113  
Little Rock, AR 72201

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Crematory

\_\_\_\_\_  
Physical Address State Zip

\_\_\_\_\_  
Mailing Address State Zip

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Owner \_\_\_\_\_

E-mail address \_\_\_\_\_

Web Address \_\_\_\_\_

Primary Operators: \_\_\_\_\_

\_\_\_\_\_  
Description of Structure Where Crematory is Located: \_\_\_\_\_

\_\_\_\_\_  
Description of Crematory Unit: \_\_\_\_\_

\_\_\_\_\_  
Age of Crematory: \_\_\_\_\_

Is there a Mortuary Refrigerator within or connected? \_\_\_\_\_

Average Cremations per month: \_\_\_\_\_

**Application fee** \$50.00  
**Original Lic. Fee** \$35.00  
**Annual Fee** \$50.00  
**Inspection Fee** \$250.00

\_\_\_\_\_  
SIGNATURE OF OWNER

***TOTAL DUE:*** **\$385.00**